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Vol. VII. JANUARY, 1898. No. 1.

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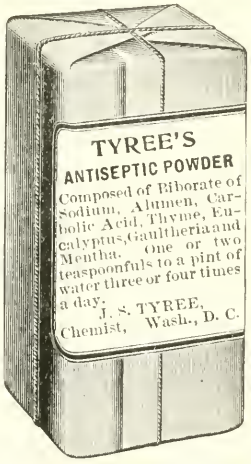
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Vol. VII. TORONTO, JANUARY, 1898. No. 1

Abrupt Onset in Typhoid Fever.

By WILLIAM PEPPER, M.D., LL.D.,

Professor of the Theory and Practice of Medicine, and of Clinical Medicine, University of Pennsylvania;

AND

ALFRED STENGEL, M.D.,

Instructor in Clinical Medicine, University of Pennsylvania.

THOUGH it must be recognized, as Liebermeister taught, that there is no single symptom which may be regarded as pathognomonic of typhoid fever, the diagnosis of this disease rarely causes great difficulty after the expiration of the first several days. At the onset, however, it is expremely difficult to determine positively whether the attack is one of typhoid fever or some other infectious or inflammatory disease. It is universally taught and is a fact that the invasion in the majority of cases is insidious; but we have met with so many instances of abrupt onset, in the last few years, that it has seemed wise to present the notes of a few of these and to call attention to this mode of invasion. In several cases we have permitted ourselves to be too sanguine regarding the nature of the case under observation, and have for a time been misled. Authorities for the most part, though stating that the onset is usually insidious, do not specifically call

attention to the nature of the invasion in the exceptional cases. Only Moore (*Text-Book of the Eruptive and Continuous Fevers*, 1892) states:

"Of late years the classical insidious onset of enteric fever has in many instances given place to a more abrupt and vehement advance, characterized by decided rigors, violent headache and rapid rise of temperature. This at least has been our experience in Dublin during and since the epidemic of 1889. In a word, the whole course of the disease has become more typhus-like than formerly."

While we have met with few cases in which the severity of the onset was such as would justify the suspicion of typhus fever, in general Moore's experience coincides exactly with our own. We now present a few histories of cases met with in late years which will serve to illustrate the nature of the cases we have in mind.

CASE I.—Miss B. A., aged 18, spent the summer at Atlantic City. She had not been as strong as usual, and on Nov. 15th had a sharp attack of what seemed gastro-enteric catarrh. There was moderate fever, occasional vomiting, soon allayed, diarrhœa which proved quite severe, and obstinate and considerable abdominal pain. Under strict rest, rigid diet, and simple remedies the symptoms disappeared, but she remained so weak and pale as to suggest an attack of influenza with gastro-intestinal symptoms. By December 3rd she had improved considerably and went to an afternoon entertainment; the next morning she had a slight chill followed by intense headache, fever, which rapidly rose and the following day reached 104.2° and slight cough, but with no symptoms of intestinal irritation. On December 7th the temperature reached 105.2°. There was enlargement of the spleen and intense Widal's reaction, slight albuminuria and a marked Ehrlich reaction. Eruption did not appear until December 9th, after which it became abundant and widespread. The headache continued violent for several days; the bowels were constipated until the eleventh day, when slight and easily controlled looseness developed. Delirium was unusually slight. The temperature reached 105° several times, but on the whole was easily controlled by repeated cool sponging. Altogether the course of the case, after the unusually abrupt onset, with very early albuminuria and Widal's reaction, presented no special peculiarity or gravity.

CASE II.—J. S., aged 30 years, was suddenly seized with chills followed by rapid elevation of temperature to 103° or 104°, violent general pains, vomiting, and purging. His strength declined rapidly and when admitted to the hospital he was prostrated. The abdomen was swollen and tympanitic. The spleen seemed enlarged, though it

could not be felt ; the temperature continued high. The diarrhœa could not be checked, though it was not excessive. Examination of the lungs showed only a slight bronchitis ; the heart-sound was sharp, but the heart was not enlarged and there were no murmurs. The patient's strength was quickly exhausted and he died five days after the commencement of the disease. His friends were closely questioned and they asserted that he had been absolutely well until the day of onset. The autopsy showed enlargement of Peyer's patches, with beginning ulceration in a few. The mesenteric glands were enlarged and on section grayish pink and rather edematous. The spleen was decidedly enlarged, soft, and easily friable. Bacteriologic examination discovered typhoid bacilli.

Case III.—J. A., aged 27, an employee in the Post-office, summoned one of the writers to his home, where he was found abed. He stated that a day or two previously he had taken cold after a distinct exposure. His face was flushed, his eyes considerably injected, the lids swollen, and he complained of sore throat. The tonsils were enlarged and slight whiteness of the follicles was observed. There was some cough and scattered bronchial râles. The temperature was 100° and the pulse 96. The appetite was impaired, though he still had desire for food. The following day the symptoms were much the same. He had slept but little during the night, complaining of aching in his limbs, with some occipital headache. An antipyretic mixture had not affected the temperature. There was now considerable tenderness in the epigastrium. During the next few days scarcely any change was observed. The temperature remained persistently elevated to about the same point. The appearance of the patient was that of one suffering with an acute sthenic disease ; his eyes were bright, his facial expression alert. Gradually, however, he assumed a different appearance and afterwards became dull and apathetic. He was positive that he had been absolutely well up to the time of his exposure and acute coryza. The further history of the case was that of a typical and mild typhoid fever.

Case IV.—L. H., a young man aged 24, left Denver for his home in Philadelphia. During the first night of his journey he felt a draft and the next day was suffering with a coryza and sore throat. On his arrival in Philadelphia one of the writers was called to see him. He then had a temperature of 101.4°, a pulse of 80, and complained of soreness of throat and coryza, with slight cough. The tonsils were red and somewhat enlarged. The conjunctivæ were deeply injected and the eyelids swollen. The mucous membrane of his nose was swollen and breathing through the nose was difficult. There were

scattered bronchial râles and cough. The patient was ordered to bed and the next day was found in the same condition. At this time he was more carefully examined and it was learned that he had been perfectly well until the exposure and cold developed. It was also found that he had moderate tenderness in the epigastrium. His bowels were constipated; there was no enlargement of the spleen. During the next several days his condition was unchanged. The fever continued at about the same height. The face, eyes and mucous membranes remained suffused. After one week's duration the continuance of the condition, the complete loss of appetite, the slowness of his pulse and beginning enlargement of the spleen, indicated probable typhoid fever, and within a few days several questionable spots were detected and Widal's test gave a positive reaction. After this the disease progressed regularly as a typical instance of typhoid fever.

CASE V.—C. W., aged 25, a medical student, began to feel badly on Friday afternoon. He had had a little headache for several days, but was not conscious of having had fever. On Friday, the day of apparent onset, the temperature suddenly rose, with chilliness, but no distinct chill. The thermometer registered between 103° and 104° and he complained of great soreness of the throat, of universal pains, and had some cough and bronchial râles. Three days later he was admitted to the hospital and during that day his temperature varied from 103° to 105.4°. The pulse was slow, registering 104 at the maximum and 84 at the minimum. Subsequently the history was that of an ordinary typhoid fever, with marked tonsillitis, some pharyngeal ulceration and annoying bronchitis among the pronounced symptoms of the first two weeks.

CASE VI.—Miss D., aged 28, a trained nurse, was attending a case, when on the 12th of February she took a bad cold. That evening her temperature rose to 101° and she felt very badly. She abandoned the case at once and went home. The next day her temperature reached 104° and she complained of much soreness of throat, coryza and cough. The physician first summoned believed that she was suffering with influenza. The temperature continued, however, at unusual height and was unaffected by antipyretics. She had never presented bleeding of the nose and was constipated. There was some tenderness over the epigastrium. Her appetite was completely absent from the first. Subsequently the case presented features of an ordinary case of typhoid fever.

The foregoing histories serve to show that of the instances marked by abrupt onset there are two particular types: One in which the

preliminary symptoms are gastro-intestinal in character, the other marked by manifest indications of acute infection, with inflammatory lesions of the throat, nose and bronchial tubes. The former we may designate a gastro-intestinal form, the latter catarrhal.

The Gastro-Intestinal Form.—In this variety we have found among the conspicuous symptoms vomiting, epigastric pain, purgation and high fever. The vomiting has been in most cases the primary symptom, unless there were vague discomfort preceding it and of such slight moment that it had almost escaped the attention of the patient. The stomach becomes completely unretentive, and even when no attempt has been made to take food, retching continues and small quantities of thin mucous liquid are regurgitated. At the same time the patient complains of more or less marked tenderness in the epigastrium. There is not usually pain, except on pressure, and the tenderness is rather sharply localized to the stomach. Soon after the onset of vomiting, or in other cases some hours later, diarrhœa sets in and takes the form of more or less pronounced serous purging. The two symptoms, vomiting and purging, continue for a day or two or several days and reduce the patient's vitality greatly. During the same time the temperature rises rapidly and reaches an elevation of 103° or 105°, not rarely the latter. After the preliminary gastro-intestinal symptoms have somewhat subsided, the temperature declines and the case progresses without necessarily presenting marked or peculiar features.

Catarrhal Form.—Cases of this description begin very much as do some forms of influenza, and we have been greatly puzzled during the first week to reach a satisfactory diagnosis. As a rule there is chilliness or a distinct chill at the beginning and after some definite exposure ; then follow redness and swelling of the mucous membranes of the pharynx and tonsils, pain on pressure beneath the angle of the jaw and on swallowing, more or less coryza, swelling and injection of the conjunctivæ and bronchitis. The temperature rises rather abruptly and may become as high as 104°, though more frequently it falls short of this. The patients complain of pain in head and in the limbs, backache and wretchedness. The most annoying symptom, perhaps, is the "bursting headache." The pulse rises in frequency, but it is not in keeping with the temperature. The patient loses his appetite almost completely, although we have met with exceptions to this rule. The tongue is slightly furred, and there is nearly always localized tenderness in the epigastrium. The patient, as a rule, states that he had been absolutely well until the initial chill, but in some cases there is a history of a slight indisposition for several days, or even weeks.

The catarrhal symptoms continue for some time after the symptoms of typhoid have developed, and the further course of the disease shows no peculiar characteristics.

It will be recognized that both of these types of onset differ greatly from the classic invasion, and the difficulties of diagnosis must be apparent. If, as Leube states, the temperature has been observed from the beginning, and is regularly ascending or continuous, the pulse is increased, but not in proportion to the temperature, the spleen is enlarged within the first week, and roseolous spots appear in the second week, the diagnosis can be made without reservation. But, unfortunately, we are always called upon to make a diagnosis before a week has elapsed, and will not be ourselves satisfied at so long a delay in reaching a conclusion. It must, of course, be admitted that many cases present themselves in which it would be unwarranted to make a positive diagnosis before the expiration of a week, even when the symptoms have been regular in development. In such cases, we can only say that the clinical course is like that of typhoid fever, though the further development of the disease may show that the nature of the disease is something quite different. It would be more hazardous, however, to assert that the disease is certainly *not* typhoid, when the evolution of the symptoms is not gradual and progressive, and it is our present purpose to call attention to the fact that such atypical onset is frequent. There is, naturally, a strong temptation to exclude typhoid fever absolutely, when the onset is abrupt or violent. It has been so long and so universally taught that the invasion of the disease is insidious, and authors have so regularly neglected to call attention to the character of onset in the exceptional cases, when admitting that insidious onset is usual only, and not invariable, that we feel it necessary to call attention with emphasis to the kind of cases we are reporting. It may be well to allude particularly to some of the symptoms that may aid in reaching a diagnosis.

The temperature in cases marked by abrupt onset is, of course, an unsatisfactory guide. It rises with as great a suddenness as does that in influenza, tonsillitis, typhus fever, and other infections, and may reach the point of hyperpyrexia in a few hours. It furnishes no ground for diagnosis in these cases, and, in passing, we may remark that the gradual ascent of temperature, so often described as characteristic of typhoid fever, is very frequently wanting in typical cases.

The pulse is a far more certain indication. In atypical cases it increases as the temperature rises, but not with equal space. Very often the rate is below 100 or 90 during the first two weeks, though the temperature reaches 103° or 104°. In atypical cases the pulse

may be proportionately rapid from the first, but this has been quite unusual in our experience, excepting in the instances marked by pronounced nausea, vomiting and diarrhœa, or when recognized complications have contributed to accelerate the pulse. Two striking instances have been recently under our care in which the early rapidity of the pulse was of assistance in excluding typhoid fever. Each of these cases began abruptly, with symptoms quite like those narrated under the heading "Catarrhal Form." The fever remained at from 102° to 103.5° in spite of antipyretic remedies, the general appearance of the patient was highly suggestive, the appetite was wholly wanting for several days, the spleen was certainly enlarged in one and doubtedly so in the other; in one there was a history of ill health for two or three weeks prior to the onset. In each, however, the pulse is quite rapid; disproportionately so, in fact. In one the diagnosis was further complicated by the fact that two bacteriologists reported that the blood caused agglutination of typhoid bacilli in culture, though neither observer found the motility of the bacilli destroyed. In neither case was there special epigastric tenderness. The further history of these cases excluded typhoid fever.

Loss of appetite is a symptom of some importance. It has seemed to us especially so in the case of children. It is true that anorexia is a common symptom in many diseases, but there are few conditions in which it is so pronounced and unremitting as in typhoid fever. In the cases marked by sudden onset the anorexia continues without change, after the pronounced symptoms of onset have ameliorated. In the case of other diseases beginning with like symptoms, the appetite, as a rule, improves as soon as the general symptoms subside.

Epigastric tenderness is a frequent symptom in the early days of typhoid fever, and one that is commonly ignored in descriptions of the disease. We mention it here particularly because we have seen cases in which this symptom was marked, and has been regarded as important in excluding typhoid fever.

Splenic enlargement, if detected early in a case, has always considerable weight in leading to a diagnosis. Its frequent occurrence in other infections, however, deprives it of great value, and its absence (to a physical examination) is very common.

The eruption of typhoid fever is an unreliable indication. A diagnosis resting mainly upon this is an unsound structure. The spots are frequently atypical, and not rarely similar eruptions occur in other diseases. Typical roseolæ are, of course, of some value.

The examination of the blood by the ordinary methods may occasionally aid the diagnostician. Pronounced deficiency in the

number of leukocytes (leukopenia) would aid somewhat, though it would not exclude influenza. The examination of the blood with regard to its action on typhoid cultures (Widal's method) is of the greatest importance, but is unreliable at the onset and for several days thereafter. In doubtful cases persisting for some days this test usually settles the diagnosis.

Examination of the stools and urine for bacilli may at times be useful in the later stages of the disease, but has not been shown to possess particular merit in the beginning.

Finally, we would repeat that typhoid fever cannot be excluded in cases of sudden fever, marked by decided symptoms of gastro-intestinal or catarrhal type; and that a disproportionate slowness of the pulse, pronounced and persistent anorexia, epigastric tenderness, and splenic enlargement are symptoms of importance as indicating possible or probable typhoid fever.—*Philadelphia Medical Journal.*

The Preservation of Specimens with their Natural Colors by Kaiserling's Method.

By William F. Whitney, M.D., Boston.

The necessity for preserving anatomical specimens with their natural colors has always been felt, and the impossibility of retaining the delicate shades which are indicative of many of the morbid processes has always been a great bar to proper teaching of pathology. With the introduction of formaline as a hardening agent and the modifications in its use recently published by Kaiserling, it seems as if the collections of the future would be able to present something for the student besides variations in shape and size and fractures; for this is all that can be readily seen by him now, and his imagination has to supply the rest.

But it is not only for the instructors, but also for the medical examiner, that this promises to be of advantage; for the soft parts of the body that have been injured can be preserved in this way and shown in court, if necessary, and would often convey much more meaning to the average jury than lengthy technical descriptions.

The method is simple; the only precaution to be observed is not to put too large pieces in the preserving fluid, and to be careful to change them at the proper time. As some shrinkage is inevitable,

cavities should be distended with absorbent cotton, which, of course, is to be removed when the specimens are changed. Moreover, freshness of the material adds greatly to its chance of good preservation, and soaking in water (whereby the blood coloring matter is diluted) is to be avoided.

Sections should be made with a sharp knife, and the blood which may have been smeared over the surface removed by pressing (not rubbing) a dry, clean cloth upon it. They are then to be submerged entirely in the fluid, best with a layer of absorbent cotton over them. In this manner, portions of the skin showing stab or bullet wounds, or even extensive ecchymosis, could be preserved, a little cotton being inserted to keep the edges of the wound apart.

The preservation of entire large organs is hardly practicable, as careful injection of the bowels is necessary, much of which should be done before their removal from the body.

Bile pigment will diffuse, and therefore the liver and jaundiced organs are the least fitted for this method.

As regards the length of time they will stand, it depends upon how fresh the substances are, and how carefully they are guarded from a bright light. They have stood the test of a year already, and it would be hardly necessary in any legal case to preserve a specimen longer than that.

The following is the method, and the specimens which are shown with this will enable the members to judge for themselves how successful it has been in my hands:

Slices of organs, from three to five centimetres thick, are placed from three to five days in—

Formaline	200 c. c.
Water	1000 c. c.
Nitrate of potash	15 gm.
Acetate of potash	30 gm.

They are then removed, the fluid allowed to drain off and the specimens are placed in—

Alcohol 80 per cent. for six hours, then
Alcohol 95 per cent. for two hours.

From this directly into—

Water	2000
Acetate of potash	200
Glycerine	400

for permanent preservation in a dark place.—*Boston Medical and Surgical Journal.*

Chancre of the Lip Probably Acquired Through the Use of a "Rouge Stick."*

By Douglass W. Montgomery, M.D., of San Francisco,
Professor of Diseases of the Skin in the Medical Department of the University of California.

On December 18th, 1896, I was called to see an unmarried girl, twenty years of age, who was suffering from a sore on the left side of the vermilion border of the lower lip, which she had first noticed about one week before. The lesion was covered by a brown, flat, depressed scab; but a raw surface extended down a short distance on the inner side of the lip, and there abruptly ended. The right submaxillary lymphatic nodule was very much swollen, hard, and somewhat painful. This was the only subcutaneous node which was demonstrable, and, except the lesion on the lip, there was no eruption of the skin, or in the mouth, and the hair did not show a tendency to fall out.

The appearance of the sore, as well as the marked enlargement of a neighbouring lymphatic nodule instantly raised the suspicion that it was a chancre. The closest questioning could only elicit that she had had a "cold-sore," which a druggist had touched with a stick of silver-nitrate. This cauterization had, however, taken place only about a week before I saw her, so that it was clearly not at that time that the infection had occurred.

The gravity of the question involved was explained to the patient, as was also the necessity of making an accurate diagnosis even at the expense of great personal discomfort. A positive diagnosis was not made until January 30th, 1897, forty three days after she first came under observation. At that time the sore was very large and painful, and projected out from the lower lip in the characteristic dish-form, with rolled edges and with a great deal of firm induration in the surrounding tissues. The enlarged lymphatic node under the right side of the lower jaw had decreased in size, but the anterior and posterior cervical lymphatic nodules on both sides were now demonstrable, and there was a well-marked roseolar eruption upon the chest and abdomen. There were also mucous patches upon both tonsils. There was pain and tenderness over the inner aspect of the upper third of both shin bones.

She was given mercury and chalk tablets internally, and unguentum

* Read at a meeting of the California Academy of Medicine, September 13th, 1897.

hydrargyri was applied to the chancre. The patient was again seen on February 16th, by which time the ulcer on the lip had perfectly healed, leaving its site only slightly indurated. There was no rash whatever, and she appeared to be in perfect health.

On one of her visits to my office, the patient, as a possible solution of the riddle of how she became infected, told me of a custom of which, up to that time, I had known nothing. She said "that in some of the hair-dressing establishments, the hair-dresser, as a final touch, drew a moistened 'rouge stick' across the lips of her customers." This "rouge stick" is a cylinder composed of a firm, red ointment. The firmness necessitates a slight moistening before being applied, and, disgusting to relate, this is frequently accomplished by the hair-dresser first putting it in her own mouth and then deftly drawing it across the lips of her customers. Then, again, all customers are treated with the same "stick," and my patient told me that "in the shop where she usually went to have her hair dressed she had noticed many 'chemical blondes' and otherwise strikingly dressed women." As far as the character of the young woman under consideration is concerned, however, it may here be remarked that during the entire terrible ordeal of doubt and anxiety which she went through before the diagnosis was absolutely confirmed, she conducted herself in an entirely modest and straightforward manner, so that it was not held likely that she acquired the affection otherwise than by accident. The fact that she went to a shop patronized by those females with whom Isaiah was so out of patience, "they who walk with outstretched necks and wanton eyes, mincing as they go," must not place her by inference among the unrighteous. Neither must her passive submission to an obviously filthy practice stamp her as being uncleanly, for people otherwise dainty in their ways will passively submit through embarrassment or a desire not to offend to many things at the hands of barbers and hair-dressers.

It, of course, can never be known whether this patient was actually inoculated with this public "rouge stick," but there was no doubt that she had a chancre of the lip, and there is also no doubt that this would be a perfectly reasonable way of conveying the disease. It would be analogous to the conveyance of syphilis by means of the stick of nitrate of silver of which there are so many cases on record, and the danger of which was so well recognized that Fournier advised that it be entirely banished from all hospitals and clinics.

It is not at all likely that this filthy use of the "rouge stick" is a custom peculiar to San Francisco, and with such favorable means of conveying syphilis it is wonderful that cases so acquired have not

been reported before. One would even think it would give rise to some of those fearful epidemics of the disease such as have been reported in glass-blowing establishments, where a whole row of workmen have contracted syphilis from the blowpipe passed from one to another.—*Medical News.*

THE EMPLOYMENT OF THYROID FEEDING IN THE TREATMENT OF INSANITY.—Cross (*Edinburgh Medical Journal*) reports a series of twenty cases of various forms of insanity, including excited melancholia, simple melancholia, enfeeblement, dementia, senile insanity, and chronic mania, in which thyroid feeling was employed as a therapeutic measure. All of the cases showed a greater or less reaction to thyroid administration, as shown by slight rise of temperature and slightly increased respiratory frequency, together with more marked changes in the pulse, which was not only increased in frequency but also distinctly weakened. In all cases the pulse was the first to show any change, and was the condition most affected; and this reaction increased and became most pronounced toward the end of the treatment. After the treatment was discontinued, the reaction passed off in the majority of cases, although it was quite noticeable for at least a week. As regards the relation of the mental condition to the amount of reaction produced, no definite statement could be made. One of the cases that improved showed a slight reaction, while one that presented no change mentally reacted very strongly, although the amount of thyroid given was the same in each. None of the eight males treated became excited during treatment, while the only cases of permanent improvement occurred in male cases. On the other hand, seven of twelve females became excited or showed increased excitement during the treatment, although no permanent improvement occurred. Of the twenty cases treated, two showed permanent improvement, and both of these had previously been regarded as hopeless on account of the stationary character of their mental condition. Although none of the other cases was so distinctly benefited, it appears to be indicated that thyroid treatment should receive a fair trial before any patient suffering from insanity is regarded as hopelessly incurable.—*Medical Record.*

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Society Reports.

Toronto Clinical Society.

THE regular meeting of this society was held January 12th, in St. George's Hall, Toronto.

Umbilical Hernia.—Dr. Fenton presented, for Dr. Bingham, a child who had suffered from umbilical hernia. The radical operation was done with good result.

Fracture of Frontal Bone.—Dr. Fenton presented a patient of his own, aged nineteen, who in August last received a blow from a bicycle frame which, having become entangled with an emory wheel, flew round and struck him in the forehead with great force, producing a compound fracture of the frontal bone. Some of the brain substance exuded. At an operation a few hours later the position of the fracture was seen to be one and one-half inches above the supercilliary ridge, extending from the middle line one inch to the right in a curved direction, the convexity being exposed. The lower edge was depressed, and several fragments were driven into the brain. The fragments were removed, and considerable brain matter. There was a good deal of hæmorrhage from the longitudinal sinus which was opened into. The patient was able to be up and around in eight days, a perfect recovery ensuing. The other wounds healed uneventfully.

Dr. G. A. Peters thought there was some risk in allowing a patient with such serious injury to the head up so soon. He thought such cases should be treated with great caution, and at least be kept quiet in bed for two or three weeks. He reported a case of similar injury in which there was fracture, depression, and loss of brain substance in the Rolandic area. The arm centre of the opposite side was destroyed. The patient was being treated by electricity, and he hoped for a good recovery.

Necrosis of Femur.—Dr. Wm. Oldright presented a young man who had for some years suffered from necrosis of the femur, and had undergone several operations for the relief of the same. He had had him under observation for a year and had operated upon the leg. He had last year removed a peculiar organixed clot which he had removed while in search for the necrosed portion of the bone.

Dr. Oldright showed a second patient who, on the 17th of May last, sustained a compound fracture of both legs. The left one was

broken one and a half inches below the knee joint, and healed kindly. The fracture of the right was, however, more severe, occurring at the junction of the lower and middle thirds, the tissues at the seat of fracture being so badly injured as to cause extensive sloughing and suppuration, with pyæmic symptoms. When the septic symptoms had subsided, it was observed that the lower fragment had become wedged in between the upper, which mal-position was corrected by operation. But when corrected it was found that the sharp upper end of the lower fragment was endangering the integrity of the skin. A portion of it was removed. Union of the fragments had taken place after some months, but as there was still some discharge and signs of the presence of necrotic bone, a search for it was decided upon. This was successfully accomplished, and the patient was doing well.

Dr. Oldright presented a third patient, who, from an injury received by a fall upon the chest, had suffered from necrosis of one of the upper ribs on the left side, accompanied by abscess and sinus formation. On examination, it was found that the periosteum at the site of the injury was denuded from the entire circumference of the rib. Curretting was done, and the case was apparently going on to recovery.

Dr. Oldright then gave a brief report of a case of osteomyelitis.

Cophorectomy.—Dr. Albert A. Macdonald reported the history of a case of double oophorectomy for the relief of a uterine fibroid. The ovaries themselves were damaged, however, as well, the one being completely replaced by a dermoid cyst, the other being the seat of several cysts of the graafian follicles. He presented the morbid specimens.

Dr. H. B. Anderson, to whom the tumors had been referred, described the pathological interest of the specimens, and stated that he would present microscopical sections at a subsequent meeting.

Dr. J. F. W. Ross briefly discussed the case.

Aspermatism.—Dr. J. E. Graham gave the history of a case of aspermatism in a patient, one of whose testicles had atrophied after an attack of mumps.

Drs. Anderson and Pepler then discussed the case.

Dr. Graham reported a second case, one of neuralgia of the liver. While some authorities had questioned the existence of this disease, others, and these the more eminent, had declared otherwise. In the case in hand he had, so far as he could, excluded the other disease, simulating this one.

The case was discussed by Dr. Britton and Dr. J. F. W. Ross.

The society then adjourned.

Editorials.

The Treatment of Angular Curvature by Forced Extension.

THE revival of the method of treating Pott's curvature by immediate reduction of the deformity bids fair to giving rise to some lively discussion. Before any positive opinion can be expressed, it will be necessary to watch for many months the results obtained in the cases now being reported. Angular curvature is a slowly progressing disease; and in the cases that recover under treatment by rest, jackets and supports, the cure is a slow one. It is safe to say that the ultimate results of the present treatment by forced extension must also be revealed very gradually.

Calot, of Berck-sur-Mer, in France, has been mainly instrumental in bringing the operation to the notice of surgeons. Rédard, of Paris, has been also very active in his advocacy of the treatment. Tubby and Jones in Britain, and Brun, Maltherbe, Bilhaout, Hoffe and others have reported cases. Calot states that of six hundred cases so treated, paralysis has occurred in three instances. Against this he claims that it must be remembered that this complication occurs once in every five cases. No other procedure has yielded better results.

With regard to the class of cases upon which the operation ought to be performed all these surgeons appear to be agreed to classify Pott's curvature into three grades. First: those without ankylosis, and in that condition where the kyphosis can be readily reduced; second, those cases in children of fairly good health, with moderate curvature, and not too firm ankylosis. This latter class of cases are suitable for immediate extension. Children suffering with cachexia, cough, fistulæ, abscess, and persons over twenty or twenty-five years are not good subjects for treatment by this method.

Calot in his treatment of these cases makes use of extension to the amount of 80 kilogrammes, or about 150lbs. This might appear as a very heavy strain to place upon these cases, yet Calot declares that he has gone higher than this and employed 100 kilogrammes in one case. In some cases with any firm adhesions and where extension and pressure upon the boss fails to reduce the deformity, he resorts to laminectomy. By this means the curvature can be reduced. This operation

should be performed in about a fortnight after the unsuccessful attempt at reduction. The wound should be closed at once, and, in about another fortnight would be healed, when the reduction may be effected. In three hundred cases, he had met with only four instances of tuberculous broncho-pneumonia and meningitis.

Tubby and Jones state that of their cases five had paralysis at the time the operation was performed, and all of these improved or recovered after the operation. These surgeons are of the opinion that a Thomas's double hip splint, modified, can be made to take the place of the cumbersome plaster cuirass of Calot.

In some cases the extension can be effected without chloroform. In severe cases where strong traction is required, and pressure over the boss, an anæsthetic becomes necessary. When the deformity has been reduced, the plaster case is applied. This requires only six or eight minutes. The case must extend up so as to enclose the neck and base of the head. The face is left free. While the jacket is being applied to the head and neck the child is suspended by the head. An opening was left opposite the epigastrium, and one at the curvature if there was any sore to require dressing. A thin layer of cotton wool was applied next the skin.

The treatment varies in duration from four months to two years, and, during this period, the jacket may require to be renewed once or several times. In this method of treating a case of Pott's disease in active progress the duration would be that of the disease, or six months to two years. When dealing with an old case of Pott's disease, where the conditions had become quiescent, the time is usually four to eight months.

Twenty-five years ago, Dr. Sayre, of New York, had advocated forcible extension and the jacket. This treatment did not then become popular with surgeons. Under the present movement, and close investigation, it is to be hoped that new ground may be broken. It seems from the reports of the case now to hand that very considerable advance has been made in the treatment of angular curvature.

At this moment the words of Watson Cheyne comes with special weight. He advises surgeons to hold their hands at the present position of affairs, and watch carefully the cases now under treatment, lest the reputation of sound surgery suffer by doing too much.

Auto-intoxication.

Of recent years much attention has been devoted to the study of self-intoxication. The rapid growth of physiological chemistry has done much to clear up the work of the different organs of the body, both as to secretion and excretion.

Albu, of Berlin, Gautier, of Paris and Von Jaksch, of Prague, have rendered good services to scientific medicine by studying this important field of disease. When one bears in mind the very important and complicated changes that nutrients undergo, from the time they enter the mouth, until they are consumed and thrown off as waste substances, it is easy to understand how poison products may be produced.

Dr. H. A. Haubold, of Belleville Medical College, New York, in the New York *Medical Journal* for December 25th, 1897, reviews the subject as known up to date. Self-intoxication may be classified thus:

1. The poisons that result from modification in the functions of the glands, and includes those due to diseases of the glands, such as myxœdema from atrophy of the thyroid, pancreatic diabetes, jaundice from acute yellow atrophy, Addison's disease from changes in the supra-renals.

2. Poisons derangements in the general process of metabolism without any discernible local disease. In this form the intermediary products and those of retrograde metaphorphosis find their way into the blood. To this class belong gout, oxaluria, and often diabetes.

3. Poisoning of the body from the retention of products. This occurs when large portions of the skin are destroyed, in disease of the lung interfering with the elimination of carbon dioxide, the uræmia of kidney affections.

4. Then there are the cases of self-intoxication from over-production of poisons in the body under certain conditions, as the coma of diabetes and cancer, ammoniæmia, acetonuria. To this class those cases that originate in the gastro-intestinal tract from acute or chronic derangements of digestion.

These poisons show themselves on the skin as change of color and the presence of eruptions and inflammations; on the muscular system as myositis; on the digestive tract as vomiting, diarrhœa, colic, eructations; on the genito-urinary organs as hæmatinuria, albuminuria, acetonuria; and, most frequently of all, on the nervous system as headache, syncope, anxiety, insomnia, stupor, coma, delirium, local spasm,

general convulsions, paralysis, mania, melancholia, etc. Through the nervous system the heart and respiration may be affected as in tachycardia, cheyne-stokes breathing, dyspnœa,

Finally it may be shown in blood changes as chlorosis, anæmia, pernicious anæmia, cachexia, leucæmia.

Arterio-Sclerosis and Heart Failure.

Many years ago it was noticed, that, under some conditions, the arteries become thickened and less elastic. This in turn gave rise to hypertrophy of the heart. In turn the heart began to fail; and dilatation resulted. This condition was associated with several other diseases and constitutional conditions, notably Bright's disease and gout. For a long time it was argued pro and con whether the arterio-sclerosis, or the renal condition was the first to make its appearance.

During more recent years, a good deal of attention has been devoted to the study of those arterial and cardiac changes that appear to be the necessary accompaniments of advancing age. Here, too, it remained in dispute which portion of the vascular system first showed the evidence of disease.

It seem now to be fairly well settled, that the disease begins in the arterioles, although so eminent a pathologist as Thoma takes the opposite view, and contends the heart first shows signs of disease.

One point must always be borne in mind, that the heart would seldom hypertrophy unless there was some additional work thrown upon it. This goes to prove that the resistance to the blood flow began in the periphery. Further, when the heart has too much work thrown upon it, dilatation and failure is the result. This also happened when the arterio-sclerosis reaches its maximum. For these reasons, and the additional one, that high tension is found prior to any cardiac hypertrophy in many cases, it appears that the weight of evidence is in favor of the view that the change begins first in the vessels.

The causes of these changes have been studied from different standpoints. Some hold that they are the evidences of approaching senility, others that they are caused by diathetic conditions such as uric acid in the blood. At the present moment, both opinions are ably advocated; and there seems to be good grounds for thinking that both are true of certain cases. In some cases, the changes in the arteries, and the subsequent ones in the heart, are the natural results of increasing age. In others, it would appear as if the cause was such as is found in gout and rheumatism, namely, uric acid, and its soda compounds.

The treatment of these cases has undergone very marked changes in recent years. With regard to digitalis, the best authorities are agreed that the drug should not be administered until the heart begins to fail ; or, until symptoms of dilatation appear. But an advance has been made in therapeutics of extreme value in the judicious combination of heart tonics with arterial dilators. It has been shown that the nitrites dilate the arterioles without depressing the heart ; while digitalis acts upon the heart without interfering with the nitrites.

But care is required in the method of administration. These drugs have different periods of action. The nitrites usually act in a few minutes and their action lasts from three to six hours. Soda-nitrite and nitro-glycerine dilate the vessels for a period of three hours ; and should be given every three hours, if the vaso-dilator action is to be constant. It may be only necessary to give the digitalis every day or second day. By watching these conditions the true therapeutic periodicity of the remedies are made to fit into each other ; and aids in the best way possible the heart to do its work. By such treatment, threatened cardiac dilatation and failure may be averted for a long time. These potent remedies should never be given in combination.

Along with the above drug treatment, the utmost care should be directed to the patient's general condition. The diet and hygiene of the patients calls for attention. Every evidence of uric-acedæmia must be searched for and counteracted by proper means. The elimination from the diet of all excess of nitrogenous food is very important. With the earliest manifestations of high tension, alcoholics must be excluded from the dietary and beverage lists.

The investigations of Broadbent, Garrod, Roberts, Morison, Herschell, Balfour, Huchard, are of much importance. Up to the present moment, however, we are disposed to give first place to the researches of Haig on the relationship of uric acid to arterial tension.

Cholelithiasis.

At the meeting of the British Medical Association, in Montreal, Dr. William Hunter introduced the discussion on the question of Cholelithiasis. This is a very important subject because of its frequency, its many and painful symptoms and its serious sequelæ and sometimes fatal termination.

After a careful review of the subject, Dr. Hunter concludes that the disease is of purely local origin, and arises in the biliary ducts and gall bladder. The conditions found in the gall bladder and larger bile

ducts are of the catarrhal type. This gives rise to an increased epithelial degeneration and the presence of albumen. Then follows the formation, in solid form, of cholesterin and bilirubin calcium. These two substances are insoluble, and do not exist in the solid state in normal bile. Cholesterin is produced by the degeneration of epithelium; and appears as viscous myelin globules. It will thus be seen that cholesterin never existed in the bile in solution. Viscous masses are thus formed and these are frequently pressed together into larger masses.

With regard to bilirubin calcium it can be said that it does not exist in the bile. These two constituents are never united except as the result of disease. Bilirubin alone is sometimes deposited; but the compound with calcium does not occur in health, nor can it be formed by any process of inspissation of bile. The union of the calcium with the bilirubin is retarded by other bile salts. The albumen derived from epithelial disintegration in catarrh favors the precipitation of the compound bilirubin calcium. Stagnation of the bile is not sufficient. If kept aseptic, stagnant bile never deposits cholesterin, bilirubin or calcium, the three components of gall stones.

The cause of the catarrh of the gall bladder and larger bile passages is mainly of an infectious character, namely, typhoid fever, or the bacterium commune coli. But the liver seems capable of excreting products that act as irritants, and cause catarrh high up in the intrahepatic ducts. It is here that those small bilirubin calcium bodies are most frequently found. Harmful products are constantly carried to the liver by the portal vessels. The liver deals with these either by destroying them, or by excreting them. In these processes, catarrh may be set up; and cholelithiasis result.

Treatment of Digestive Disorders.—Dr. David Inglis, of Detroit, in *Medical Record* for December 25, has a vigorous and timely article on the craze after mechanical treatment of so many stomach troubles. He refers to the absurd teachings of Bouchard, that nearly every one who has stomach trouble has dilatation of the organ; and must have a stomach to be passed, the organ regularly washed out, his abdomen massaged and electricity applied. Dr. Inglis admits properly that these are useful agents in their own place and in suitable cases, but objects to this rush for mechanical therapeutics. We are told that the stomach gets out of place, and must be supported by means of belts. When the abdominal muscles are relaxed and not supporting the viscera, it is quite proper to make use of the bandage for a time. But in all these cases the treatment must be guided by good sound sense.

Do physicians suffer more than others from stenocardia? The question is suggested by the death, recently, of four prominent physicians in different cities—Dr. Evans, in Paris; Dr. Harrison Allen, in Philadelphia; Dr. Carey Thomas, in Baltimore, and Dr. Burns, in Toronto. The percentage given by Dr. Osler in his lecture, 13 doctors among 60 cases, suggests that there may be something in the worry and strain of professional life which tends to early degeneration of the coronary arteries.

The Serum Diagnosis of Typhoid Fever.—This means of diagnosing typhoid fever, or of confirming the diagnosis made by other means, is now established beyond a shadow of doubt. Widal, of Paris, states that the test did not once fail in 430 cases. R. C. Cabot, of Boston, in a collection of 1,826 cases found that it held good in 1,744. In some of the cases where it has apparently failed the diagnosis of typhoid fever had been no doubt wrongly made. Widal states that if a negative result be obtained it is probable the patient has not the disease. If the examination has been made in the first days of the illness, the probability is not so strong. When the examination is made in the more advanced stage of the sickness, a negative result almost certainly excludes typhoid fever. Widal states that with proper care the test fails only once in 177 cases. Other investigators hold that the error percentage is higher than the above, being from 4 to 12 per cent. It would appear that it cannot be relied upon as the sole means of diagnosis.

Strapping the Chest in Pneumonia.—Solberg is reported in the *Deutsche Medizinal-Zeitung* of August 5th, 1897, as using in a case of pneumonia with severe pain in the side in which he could not resort to the injection of morphine, a strip of adhesive plaster, and the result was surprisingly prompt; as in cases of fracture of a rib. He has since employed the plaster in six other cases of severe pain in the side occurring in the course of pneumonia. In four of them, in which the inflammation was in the lower lobe, the improvement was notable. In another case, in which the "stitch" was really in the scapular region, alleviation was affected by applying the strip of plaster directly beneath the axilla. In the sixth case, in which the "stitch" was not severe and the strip was removed at the end of a day because the patient felt a little constrained by it, it was again applied at the patient's request. Even the dyspnea and the cough seemed to be mitigated, according to Solberg's observation and the patient's own statements. The strip used was of American adhesive plaster, not more than an inch and a half wide, applied as in cases of fractured ribs.

Obituary.

Dr. James Hepburn Burns.

It is with mournful regret we record the passing hence of Dr. James H. Burns, December 20th, 1897. While yet in the prime of his manhood, in his fifty-second year, relentless death stretched forth his hand and touched suddenly, with his icy finger, the secret spring, and flinging open outward the door of Dr. Burns' earthly existence bade him forth to the unknown—out from the home he loved, from wife and children, objects of his tenderest and true affection, who, mourning the loss of the happy reality, are solaced by sweet memories ; out from the many friends he made wherever in life's journey he moved, attracted by his courteous and manly character ; out from the busy scenes of his active and beneficent life, for he was no dreamer, but one who, mingling with his fellowmen, bravely shared the public burdens yet not forgetting the duties of a private citizen. The profession, to which he was a credit and an ornament, will miss his practical wisdom.

The poor will miss him, too, for his sympathetic heart responded quickly to the needs of those who had no means by which to bring relief. If a man was friendless, unpopular or oppressed without good cause, he, with the faithfulness of noble impulse, would refuse to join in the oppression and over the oppressed would throw the shield of his high reputation. Of him it may be said—

> "That best portion of that good man's life
> His little nameless unremembered acts of kindness and of love."

It will be long before we see again one in whom playful wit so thoroughly enjoyed itself—in whom the gentleness of earlier years is taken up into those of manhood, in whom simplicity so strongly mixes with persistence, intrepid courage and hopefulness, for he was

> "One who never turned his back
> But marched breast forward,
> Never doubted clouds would break,
> Never dreamed though right were worsted
> Wrong would triumph.
> Held we only fall to rise, are baffled to fight better,
> Sleep to wake."

Dr. Burns was born in Oshawa, Ont., December 29, 1845. He received his early education at Upper Canada College. At the age of 21 he graduated in medicine at Toronto University, and in that year, 1866, when the Fenian raid occurred he was at Saginaw, Mich., where he had gone to join Dr. Reynolds in his practice. On learning of the trouble, Dr. Burns came to Toronto and joined the University Company to go to the front. He was appointed assistant surgeon to Col. Denison's provisional regiment and cared for a large number of wounded at St. Catharines. After the campaign Dr. Burns practised medicine at Collingwood until 1876, when he removed to Toronto. In 1880 and 1885 he was elected to the Medical Council of Ontario. In 1886 he was made vice-president of the Council, and in 1888 he became president of the College of Physicians and Surgeons of Ontario. He was a candidate in a recent contest for the western division of Toronto of the Medical Council, and was declared elected by the returning officer about two hours after death had occurred.

Dr. Burns was connected with several institutions in Toronto. He was senior consulting physician at Infants' Home, member of consulting staff of St John's Hospital, obstetrician at Toronto General Hospital, Ontario referee for the Mutual Life Insurance Company of New York, and medical examiner for several other prominent life insurance companies. He was also past master of Ashlar Lodge, A. F. & A. M.

Deceased leaves a widow and one daughter, Mrs. Andrew Thompson, of Cayuga, and two sons, Mr. Cecil Burns, of the Bank of Commerce, and Mr. Douglas Burns, of the Bank of Montreal. Another son, Allan, was drowned at St. Catharines over three years ago.

The funeral took place from the residence to St. James' Cemetery. The services were conducted by Rev. Dr. Langtry and Rev. Dr. Pearson, and the pall bearers were Judge Osler, Z. A. Lash, Q.C.; Mr. F. J. Phillips, Dr. Pyne, registrar College of Physicians and Surgeons; Dr. O'Reilly, supt. of Toronto General Hospital, and Dr. W. H. B. Aikins

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Dr. Ryerson's Retirement.—We regret to have to announce that Dr. Ryerson has notified his constituents that he will be unable to be a candidate at the approaching Provincial elections owing to the pressure of professional and private business. We feel it due to the doctor to say that in retiring from the Legislature the profession has lost a friend in that body. It is undeniable that it was largely owing to his active opposition the Patron Medical Bill met with such a crushing defeat. We are glad to know that he will devote his energies to the practice of his profession for the future.

Book Notices.

The Care and Feeding of Children. A Catechism for the Use of Mothers and Children's Nurses. By L. Emmett Holt. Second edition, revised and enlarged. New York: D. Appleton & Co. 1897.

This little volume of 104 pages is arranged in the form of question and answer. The subject matter is divided into the care of children, the feeding of children, and miscellaneous information. The instructions in these departments is very good and clearly stated. Under the third division there is a great deal of very useful knowledge for the mother and the nurse. After careful reading a small book like this, a true *multum in parvo*, the feeling takes possession of one of how much better it would be for the little ones if such a book was in the hands of mothers and nurses instead of the very questionable information by which they are too often guided.

The Doctor's Window. Poems by the Doctor, for the Doctor, about the Doctor. Edited by Ina Russelle Warren, with an introduction by Wm. Ripfer, M.D., LL.D. Buffalo, N.Y.: Charles Wells Moulton. Cloth, $2.50; full morocco, $5.00.

This is a very handsome book. Within the covers of this large octavo of nearly three hundred pages, there are about one hundred and forty of the most famous poems about the doctor. A glance at the contents shows that the editor displayed great taste in the selections. Such names as Freeman, Dobson, Dobell, Holmes, Blackie, Field, Carlton, Prior, Baring-Gould, Hogg, Riley, Mitchell, Peterson and others, are noticed as those from whom selections have been made. Every poem is good. The paper, binding and type is very attractive. A number of beautiful plates grace the work. These plates are alone worth the price of the book. They would afford many an hour's examination and perusal. We recommend the book. None who get one will regret the purchase.

The Lion and the Lillies: A Tale of the Conquest and other Poems. By Charles Edwin Jakeway, M.D. Toronto: Wm. Briggs; Montreal: C. W. Coates; Halifax: S. F. Huestis. 1897.

The main poem, the "Lion and the Lillies," occupies 186 pages of the book. It is a poem on the fall of Quebec, where the brave Wolfe and Montcalm died, the former to secure new domains for

Britain, the latter in defence of the lost portion of French rule in the West. The poem throughout is spirited, and some passages are specially fine. Poetry usually does not make interesting reading. This volume is an exception. One can read it with much pleasure. It is accurate in historical detail as well. The smaller poems, twenty-three in number, are bright, and cover some of the stirring events in early Canadian history. The death of Brock, and the adventure of Laura Secord are alone worth the price of the book.

Outlines of Rural Hygiene. For Physicians, Students and Sanitarians. By HARVEY B. BASHORE, M.D., Inspector for the State Board of Health of Pennsylvania. With an Appendix on "The Normal Distribution of Chlorine," by PROF. HERBERT E. SMITH, of Yale University. Illustrated with twenty (20) engravings. 5½ x 8 inches. Pages vi–84. Extra cloth, 75 cents net. The F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218–220 S. Clark St., Chicago, Ill.

The value of a book cannot be estimated by its size. This little book is a good instance of this. It contains a great deal of useful information in small compass. "Water Supply," "Waste Disposal," "The Soil," "Habitations," "Disposal of the Dead," are among the topics discussed. The book is well printed and illustrated, and the paper and binding are all that eye could wish.

A System of Medicine by Many Writers. Edited by THOMAS CLIFFORD ALLBUTT, Regius Professor of Physic in the University of Cambridge, Fellow of Ganville and Caius College. Volume II. New York: The Macmillan Company. London: Macmillan & Co., Limited. Toronto: Tyrrell's Book Store, 12 King St. W. Price, in cloth, $5.00.

This volume deals with infective diseases and toxicology. A careful review of the volume shows that the matter it contains has been brought up to the most recent date possible, the article on yellow fever containing a reference to the Giuseppe Sanarellé bacillus. The important chapters, such as Tuberculosis, Scarlet Fever, Small-pox, Syphilis, are specially full. All the articles are well written, and contain reliable information. This work is alike a credit to the well-known publishers, the distinguished editor, and the able corps of contributors. To any one who thinks of procuring a treatise on medicine, we would say examine Allbutt's System before making the purchase of any other. We do this because we know it will stand the test.

Elements of Latin. For Students of Medicine and Pharmacy. By GEORGE D. CROTHERS, A.M., M.D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and HIRAM H. BICE, A.M., Instructor in Latin and Greek in the Boys' High School in New York City. 5¼ x 7½ inches. Pages xii–242. Flexible cloth, $1.25 net. The F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218–220 S. Clark St., Chicago, Ill.

As there has been no suitable work upon the above subject within the reach of the student in medicine and pharmacy, we have taken the trouble to look into the contents of this handy little volume with much care. This examination enables us to state that it is an excellent epitome of Latin Grammar as required by those for whom it has been prepared. It also contains a good list of Latin names and terms such as pomum Adami, etc. We can recommend the work.

Selections.

Surgical Hints.

IF a soft catheter meets with a urethral obstruction, try a larger one before you try one of smaller size.

DO not treat a gunshot wound of the abdomen by the "expectant" method, for you need "expect" nothing good.

NEVER lose patience while working in the urethra. A single violent or impatient thrust of the instrument may do irreparable harm. Think of your responsibility.

A SUPPURATING prepatellar bursa had best be dissected out without previous treatment by poultices or dressings. If there is an opening rendering the sac flaccid, make the hole a little larger, stuff a sponge into the sac, and the dissection will be rendered easier and surer.

INTESTINAL obstruction requires operative interference. If the patient is very weak from long delay, and you find the constriction anywhere in the large intestine, beware of trying to do too much. Remember that colotomy and the establishment of an artificial anus will often tide your patient over the crisis.

In removing the vermiform appendix where adhesions render the manipulations of the organ difficult, much time may often be saved by incising the peritoneal coat from base to apex along the side opposite the mesentery, and shelling out the appendix, which may then be ligated and cut off. This procedure is usually accompanied by a minimal amount of bleeding.

The onset of acute right-sided epididymitis may be marked by severe pain and tenderness in the lower abdomen, and the pretty sharp localization of the symptoms, together with the fever or even chill, may cause suspicion of appendicitis. The urethral discharge, too, is very often almost or quite checked, making error still easier. In a few hours, of course, the case will become clear.—*International Journal of Surgery.*

Cardiac Murmurs.—Dr. J. H. Musser, of Philadelphia, says that his conclusion, from a study of the literature and his own experience, is that mitral obstructive murmurs appear and disappear from time to time; that aortic regurgitant murmurs rarely disappear, and that when they do it is due to some organic pathological change; that mitral regurgitant murmurs may be due to dilatation with incompetence, and are subject to change from time to time.—*Northwestern Lancet.*

Strychnia in Chloroform Narcosis.—When there is chloroform poisoning, Surgeon S. T. Reid, R.N., recommends the following plan: 1. The great value of strychnine as a stimulant to the respiratory centre during chloroform poisoning is keeping life going while the vapor is being exhaled, but the drug must be used boldly. 2. The use of the electrical current in acting upon the respiratory centre at once, and by increasing the current rapidly, keeps the respiratory mechanism during the dormant stage of strychnine after injection. 3. With these two agents to hand one ought to be able to treat any case of chloroform poisoning.—*Brit. Med. Jour.*

Papayotin in Leucoplakia Oris. — H. Niemeyer (*Deutsche Medizinal-Zeitung*, Nov. 11th, 1897) reports a case in which syphilis could be excluded, and the disease was attributed to a burn from hot coffee and to immoderate smoking. It was cured by the patient giving up smoking, alcoholic drinks, and irritating food, and by the daily application of Schwimmer's solution of papayotin, namely:

℞	Papayotin	1 part.
	Distilled water	10 parts.
	Glycerin	10 parts.

M.—*Medicine.*

The Functions of a Medical Society.—In a short presidential address to the Glasgow Southern Medical Society, Dr. James Allan summarises its functions as the cultivation of good will and the advancement of science. Neither is secured unless meetings be well attended. Both are furthered if all classes contribute—the hospital staff by accurate records, the general practitioner by striking instances less elaborated. He suggests a collective investigation of the use of some drugs, and that the visiting of public works would further the knowledge we should have of a patient's life and employment. He closes with the sensible statement that "the public will respect and have faith in the profession as much in proportion as it sees the members of the profession respecting and reposing faith in each other."—*Brit. Med. Jour.*

A Sign of Cardiac Failure.—Henry Jackson, of Boston, calls attention to one of the signs of cardiac failure which is of great import, though it meets but little notice in the articles upon this condition, namely, a discrepancy between the rate of the arterial pulse and the rate of the heart-beats. He has observed in many instances that in cases of extreme cardiac weakness the pulse was very slow, intermittent, and irregular, while the heart was rapid, and refers not to cases in which it is extremely difficult to count the pulse, as is always the case when the pulse is irregular, especially when the rhythm of the pulse is irregular, but to cases in which the most accurate taking of the pulse by trained individuals does not show a rapid pulse-rate, yet examination of the heart shows that its action is extremely rapid.—*Boston Medical and Surgical Journal.*

The Use of Sulphate of Sodium as a Hemostatic.—In the *Revue Médicale de la Suisse Romande* of January 20th, 1897, Reverdin contributes an interesting article upon this subject, experimental and otherwise, and concludes that small doses of sulphate of sodium (two grains every hour) are of great value in certain cases of capillary hemorrhage for the purpose of arresting the flow of blood. He has also found this method of treatment of value for the control of graver hemorrhages. His experiments upon animals seem to show, however, that the remedy is only of value if given by the stomach or injected into the veins. Under these circumstances it distinctly increases the coagulability of the blood. On the other hand, it is a noteworthy fact that its administration subcutaneously does not produce the same result.—*University Medical Magazine.*

A Wash for Itching of the Scrotum.—The *Revue médicale* for November 24th gives the following as Leistikow's formula :

℞ Corrosive sublimate.....from 4½ to 7½ grains ;
Alcohol..... 375 "
Chloroform ..... 5 drops ;
Distilled chamomile water ..... 375 grains ;
Cherry-laurel water ..... 750 "
M.—*N. Y. Med. Jour.*

Diagnosis of Small Ovarian Tumors.—Dr. Davenport concludes his article with the following propositions : (1) Small intrapelvic growths give rise to marked symptoms. (2) Pain is usually noted, but does not bear a constant relation to the location or kind of tumor. (3) Menorrhagia or metrorrhagia is frequently present, especially in cases of cystic ovaries adherent to the uterus. (4) When uterine hemorrhage exists in connection with an intrapelvic tumor, and is not affected by intrauterine treatment (curettage or electricity), the tumor is probably ovarian rather than uterine. Reflex symptoms are rare with small tumors, at least in the earlier stage of their development.—*Boston Medical and Surgical Journal.*

Worry as a Cause of Indigestion.—Worry is one of the most prolific causes of indigestion. Many patients present themselves to be relieved of dyspeptic troubles, to whom we give remedies which have served us well, and yet we effect no permanent cures. Why? Because the cause continues to operate. Perhaps the patient sits down to a hurried, solitary meal, brooding over the snarl in his business while he munches. Or, perhaps, he is one of those unfortunate men whose families drag the household skeleton to the table with them. In such cases the blood is not in the stomach where it is due to stimulate secretory activity, but in the head, thrashing over useless chaff. "Smart is the man who lets not his enemy worry him." Worry never did and never will accomplish anything save wear and tear. There is always a good side. Look for it and dwell on it. When you must take forethought, do not choose meal hours or the silent watches of the night. Many a Doctor goes to bed at night and instead of closing the mind up promptly, he begins to review his day's work and to consider what he shall do on the morrow. There is a time for everything. Be orderly and systematic in the inner as well as external life. Give your patients a little philosophy along with your drugs. Good fellowship is the very best sauce for viands. It should be served daily in every home. The laugh and jest which drives away care insures digestion and prolongs life.—*Medical Brief.*

Sulphonal in the Night-Sweats of Phthisis.—Combemale and Deschemocker (*La Médecin Moderne*), report good results from the use of sulphonal, in doses of fifteen to thirty grains, in the night-sweats of phthisis. The drug was given daily at bedtime and continued for two weeks. No serious symptoms were noted. In one case, after two weeks' use of the drug, there was slight intoxication, which disappeared when it was discontinued. The good effect was frequently noticeable for several days after suspension of the treatment. In one patient the sweats disappeared after the third dose.

Atypical Typhoid Fever.— Chiari (*Centralblat für allgemeine Pathologie und pathologische Anatomie*), at the Twelfth International Medical Congress at Moscow, called attention to the existence of atypical forms of typhoid fever. There are forms of typhoid fever in which lesions of the mesenteric glands and ulceration of the intestines are absent. Such cases might be designated as *typhoid scepticemia.* Chiari had examined at autopsy several of these cases, in which, in view of the presence of Widal's reaction, the diagnosis of typhoid fever had been made. No characteristic lesions were found, but bacteriologic examination demonstrated the presence of the typhoid bacillus. Chiari distinguishes such cases sharply from those in which the experienced eye discovers characteristic changes in the mesenteric glands without intestinal lesions, by reason of which the diagnosis of typoid fever can be made, and in which it is confirmed by the bacteiologic examination.—*Univ. Med. Magazine.*

Extirpation of the Appendix Vermiformis in Chronic Appendicitis.—M. W. af Schulten (*Finska lakaresallsk Handlingar*) relates seventeen cases of appendicitis in which the appendix was removed during the non-acute stage of the malady, in twelve of which the appendicitis had also recurred on several occasions. In two cases the removal of the appendix was associated with other operations—resection of the intestine for preternatural anus, ovariotomy for twisted pedicle; in three instances it was extirpated during operations for hernia, for it is better in such cases to take it away, as it has been known to cause trouble later; and in the remaining twelve patients the operation was undertaken for recurrent appendicitis. In three of these latter there was simple catarrh, in two obliteration and stenosis, and in seven perforative appendicitis. The clinical symptoms vary little in character although much in intensity, and the operation is indicated when the diagnosis of appendicitis with exacerbations or recurrences is made.—*Brit. Med. Jour.*

Europhene in the Treatment of Fissures of the Anus.—Henri Fournier is credited in the *Journal de Médecine de Paris* for October 24th with the following formula:

R Europhene..... 3 grains;
Cacao butter ..... 60 "

M. One such suppository to be passed into the rectum every thing and morning after emptying it by means of an enema and bathing the region of the anus with a warm decoction of juglans (made with a handful of the leaves and a quart of water). In addition, the anus should be sprinkled with equal parts of europhene and salol.

Treatment of Endometritis in Bromine Vapor.—Nitot (*La Gynecologie*) maintains that the correct prophylactic treatment of parenchymatous metritis and chronic salpingitis consists in rapid cure of recent endometritis, which is the starting point of those troublesome diseases. To ensure cure a remedy is needed which can penetrate to the deepest recesses of the mucosa, and even the tubes, without dangerous effects. Caustics and fluid preparations do not possess such properties. A gas is required, and it must be freely diffusible, antiseptic, and capable of acting on the epithelium so as to modify without destroying them ("anticatarrhal action"). Bromine emits gas with the necessary qualities; a saturated aqueous solution should therefore be placed in a bottle with double tubing like an ether spray or the chloroform bottle in a Junker's inhaler. A hollow sound, connected with one tube, is passed into the uterus, whilst the solution is made to bubble by pressure on a ball connected with the second tube. Thus vapor is propelled into the uterus. Nitot claims the best results, and notes that the advantages of gaseous diffusion over intrauterine injections or other medication are self-evident.—*Brit. Med. Jour.*

The Lesions Found in a Case of Athetosis.—Sander (*Neurologisches Centralblatt*) gives an account of a case of paralytic dementia in which there had been repeated attacks of paralysis on the right side, with spasms more marked on that side than on the left. Finally motor disturbances of the right side occurred that were at first taken to be choreatic, but were subsequently recognized as those of pronounced athetosis, especially of the right hand. It was only during the deepest sleep that these movements ceased. After the patient's death, the left cerebral convolutions, with the exception of the occipital lobe, were found diminished in size, and this was particularly

striking in the frontal and central convolutions. In addition the left thalamus was found reduced in size and in places wholly atrophied. Sander came to no conclusion as as to whether this change in the thalamus was secondary or primary, but was inclined to the latter assumption. It is very seldom, he says, that so decided a lesion of the thalamus is found even in the severest cases of cortical paralytic processes. He thinks that, at all events, it had a share in producing the athetosis.—*N. Y. Med. Jour.*

Use Diphtheria Antitoxin Promptly and Boldly.—*The Philadelphia Polyclinic* has from time to time given what is deemed conservative advice in regard to the employment of antitoxic serum in the treatment of diphtheria. While viewing the new treatment favorably, we urged caution at first in the selection of cases, until the dangers and limitations of the remedy were known. We then, as evidence accumulated, pronounced in favor of the early and sufficient administration of the antitoxin in cases of determinate diagnosis. As the result of increasing experience and observation, as well as from study of published reports, we are now prepared to occupy and defend the most advanced position; namely, that without waiting for bacteriologic confirmation of diagnosis, every patient who presents clinical evidence of diphtheria should at once receive a "curative dose" of serum, and all children of the household should be immunized by the same agent. Adults should be immunized if likely to be much exposed, and may be immunized if they desire it, even if not specially exposed. It is of the highest importance to have a trustworthy serum, of as high potency as possible, so that a dose small in bulk shall be large in antitoxic units. The serums made by certain American houses are fully equal to the imported preparations, if, indeed, they are not superior. They are in addition, more readily obtained and are likely to be more recent. No preparation that is not standardized should be employed, unless it is the only one available; and in every case the higher the number of antitoxic units per cubic centimeter the easier it is to give an efficient dose. The failures that occurred in the early days of serum-therapy in diphtheria are to be attributed to tardy and half-hearted employment of the remedy, to insufficient dosage, and to the low potency of the commercial serums, requiring a bulky injection, difficult and painful to administer. For a child of three years, the initial dose in a tonsillar case of moderate severity seen early, should be 1,000 to 1,500 units; in nasal or laryngeal cases, or in cases in which the lower pharynx is invaded, or severe cases of any variety, the

dose should be 2,000 units; and in any case first seen as late as the fourth day, the dose should be 2,000 to 3,000 units. The injection should be repeated in from twelve to twenty-four hours, according to circumstances. For immunizing, 500 units should be the dose; or if infection and incubation be suspected, the curative dose of 1,000 units should be given at once. With antitoxin properly and promptly used, the throat being kept clean by applications not too frequently repeated [of which Loeffler's solution (toluol and ferric chlorid) is said by competent observers to be the best] pharyngeal diphtheria is robbed of the greater part of its terrors; while intubation in laryngeal diphtheria has a far more favorable prognosis, the deaths now being fewer than were the recoveries previous to the introduction of antitoxin. What is needed, however, is promptness and courage in the use of the remedy.—*Polyclinic.*

Miscellaneous.

A Doctor Wanted—For the Village of Makinak, Neepawa District, Man. For all information apply to Rev. W. H. Douglass, Makinak, Man.

Precaution.—Doctor (just arrived at the scene of the accident). What on earth are you holding his nose for? Pat (kneeling beside the victim). So his breath won't leave his body, of course.—*Ex.*

The attention of physicians is called to the advertisement of the Health-Massage Specialty Co. This is a Canadian company and the massage rollers made are perfect in design and of genuine service in well selected cases.

Medicines for the Klondyke.—The E. B. Shuttleworth Chemical Company, manufacturing chemists of this city, have received several large orders for their products to be supplied to physicians going to the Klondyke. These orders consist of a very large quantity of Compressed Tablets and Pills. Owing to this convenient method of preparing drugs as medicines, physicians going a long distance prefer having them prepared in this form, as they are more easily handled in transit than liquids.

To Determine Sex.—Professor Schenk, well known to American students as the head of the Embryological Institute in Vienna, has announced that after twenty years' study of the question he is now prepared to tell how to determine and regulate the sex of offspring, and will do so in a communication to the Academy of Science.—*Medical Record.*

Clinical Records.—A hedge doctor (a quack) in Ireland was being examined at an inquest on his treatment of a patient who had died. "I gave him ipecacuanha," he said. "You might just as well have given him the *aurora borealis*," said the coroner. "Indade, yer honor, and that's just what I should have given him next, if he hadn't died."—*St. Thomas Hospital Gazette.*

The difference between ancient and modern slang was amusingly illustrated in a recent incident at the Chautauqua Assembly, when the teacher of English literature asked, "What is the meaning of the Shakesperean phrase, 'Go to?'" and a member of the class replied, "Oh, that is only the sixteenth-century expression of the modern term 'Come off!'" The two phrases, while apparently opposite, do, in fact, substantially mean the same thing.—*Chicago Chronicle.*

As Directed.—The best memory is fallible, and with the increase of patients and the multiplicity of incidental demands, the duplication of prescriptions, and a brief record of all cases demanding more than incidental and transient attention, are well nigh necessities. Give no superfluous directions; insist on obedience to the letter. When practicable make them in writing as well as verbally, and be sure of a perfect correspondence.

Office Bores.—It is a general belief that the poor doctor is always overjoyed when a patient, no matter of what kind, enters his office to swell his coffers. The number of bores that constantly beset him and tap his energies through the exasperating conduits of long and uninteresting accounts of trial ailments is never taken into account. Aside from his strain of self-control, and the enervating influences of smiling dissimulation, there is a special harm to the victimized adviser's sympathies in the engendering of a retaliatory unconcern in the patient's present condition and an indifference to its final ending.—*Medical Record.*

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Dr. N. F. Cunningham, Dartmouth, N.S., Lecturer on Surgery, Dartmouth University, Halifax, N.S., used Parke, Davis & Co.'s anti-diphtheritic Serum in fifteen cases of diphtheria last September with satisfactory results in every case. Last week was called to a case at Waverley, which terminated fatally, owing to the child being in a hopeless condition before the serum was administered. He immunized the four other children with 250 units each; ten days have elapsed, and no symptoms of diphtheria have developed.

Hall Caine Jollied.—Under the title of "Hospital Happenings," Mr. Hall Caine's "Christian," with its unfair lies in regard to hospital management, has been jollied capitally in a little paper called the *Guyoscope*. The celebrated ball at St. Bartimæus' is sketched as follows: "Last Tuesday the first students' ball of the season took place in the operating-theatre of St. Bartimæus' Hospital. The arrangements generally reflected great credit on the members of the dance committee, who, by the way, were distinguished by wearing Murphy's buttonholes in their coats. The floor had been carefully scrubbed with soft soap and lysol, and would have made an admirable dancing surface had there been room to dance. As it was, the majority of the guests preferred to take advantage of the magnificent promenade afforded by the spacious corridors of the hospital. . . . . The proceedings opened with a solo clog dance on the operating-table by Sir William McCormac, who was attired in mackintosh and sterilized overalls. Next in response to vociferous appeals, the matron of the hospital obliged with a serpentine dance, all first years' students having been previously anæsthetized. After these two superb displays of Terpsichorean skill a general move was made for the supper room, a delightful airy apartment used on more prosaic occasions as a dissecting-room. Boyish students might be seen pledging their laughing-eyed partners in foaming beakers of hyd-perchlor. (1 in 2,000, 1897), while their staider elders fortified themselves with modest injections of brandy and strychnine. We can personally testify to the exhilarating qualities of the formalin cup, which was much appreciated by those privileged to partake. If a criticism can be permitted us, we venture to think that the conduct of the surgical-instrument keeper in boiling the spoons between every course was somewhat unnecessary and certainly inconvenient." As the *Lancet* remarks, this is excellent fooling, and is the right way to treat a book at once so stupid and pretentious as "The Christian."—*Ex.*

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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

PHTHISIS: WINTER COUGHS.—The treatment of phthisis, or pulmonary tuberculosis, is ever of interest to the practitioner of medicine; at this time of the year, especially so. Like the poor, "it is always with us." So many specifics for this affection have from time to time been heralded to both the profession and the public, that it is doubtless true that thousands of human lives have been sacrificed while demonstrating their worthlessness. It has time and again been proved that the best results in this disease can be attained by the use of what I may term "standard" remedies, and not in the waste of time in experimenting with serums, and other impositions on the medical fraternity. Prominent among the standard remedies referred to, stands one that may with truth be called "Nature's Own Remedy," inasmuch as it is obtained from the very bowels of mother earth—petroleum. The Angier Chemical Co., of Boston, have placed this remedy in our path in palatable form, combining with it the well-known hypophosphites. This emulsion supersedes cod-liver oil in more ways than one, not the least of which is that it is palatable; consequently does not disorder digestion or produce nausea. This in many cases is of the greatest importance. In regard to its therapeutics it may be said that it is antiseptic, antispasmodic, stimulant, nutrient and expectorant. By its use the cough is at once ameliorated, the perspiration is diminished, the patient is strengthened, thereby enabling him to expectorate the loosened mucus with greater ease; fœtid odors are made less so, and frequently the consumptive steadily improves and regains health. In the first stages of this disease it is certainly curative, as can be verified by any practitioner giving it a faithful trial. In the commoner coughs, often spoken of as winter coughs; even when not of tubercular origin, and also in bronchitis, Angier's Petroleum Emulsion is invaluable. Here it exerts the same action on the cough, expectoration and mal-nutrition as in the former conditions, and other medication is rarely required. In the vague and ill-defined chest pains of those recovering from an attack of pneumonia, pleurisy or grippe, this preparation is specially indicated. The improvement in digestion which always follows its use is one of its prominent features, and it is therefore also adapted to all forms of mal-nutrition in old or young. It is not my purpose in this paper to quote particular cases treated, but simply to direct attention to Angier's Petroleum Emulsion to those who may not have learned of it and especially to those physicians who are prescribing cod-liver oil, but desire something more efficacious and more acceptable to the patient's palate and stomach.

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Hon. S. C. WOOD, - - - - Toronto, }

The Corporation is accepted by the High Court of Justice as a TRUSTS COMPANY, under the approval of the Ontario Government, and is authorized to act as **Executor, Administrator,** IN CASE OF INTESTACY, OR WITH WILL ANNEXED. **Trustee** UNDER DEED, WILL, COURT APPOINTMENT OR SUBSTITUTION. **Receiver, Committee of Lunatics,** and CUSTODIAN OF THE ESTATES AND PROPERTIES OF LUNATICS. **Guardian of Children,** also as **Agent for Executors, Trustees** and others, thus relieving them from onerous and oftentimes disagreeable duties.

The Corporation also acts as **Agent** in financial business of all kinds—Collecting of Rents, Income, etc., Issue and Countersigning Bonds, Debentures, etc.

Our DEPOSIT VAULTS are absolutely secure, and every convenience provided for the storing of Valuables of all kinds at small expense. Wills appointing the Corporation as Executor are received for Safe Custody free of charge.

The employment of the Corporation will be found prompt and economical. Solicitors placing business with it are continued in the legal work thereof.

A. E. PLUMMER, Manager.

MEDICAL SHEPHERDS IN AUSTRALIA.—A writer in a London newspaper states that a number of young medical men, who emigrated to Australia some years ago with the idea that they would soon build up big practices there, are engaged at the present time as shepherds.—*Medical Record.*

THE REASON. *Maxencet*—Why is it that when a doctor is ill he always calls in another doctor?

Pillsbury.—Suicide is so cowardly, you know. He prefers to let the other fellow do the job honorably.—*Town Topics.*

CONTINUED GOOD RESULTS.—The January, 1894, number of *The Quarterly Journal of Inebriety*, published under the auspices of The American Association for the Study and Cure of Inebriates, Hartford, Conn., U.S.A., says through its able editor, T. D. Crothers, A.M., M.D., "Antikamnia is one of the best remedies in influenza, and in many instances is very valuable as a mild narcotic in neuralgias from alcohol and opium excesses. We have used it with best results." In a letter of more recent date to The Antikamnia Chemical Company, Dr. Crothers writes: "Antikamnia continues to improve in value and usefulness, and we are using it freely." *The Edinburgh Medical Journal*, Scotland, says, regarding antikamnia: "In doses of three to ten grains, it appears to act as a speedy and effective antipyretic and analgestic." *The Medical Annual*, London, England, says: "Our attention was first called to this analgestic by an American physician whom we saw in consultation regarding one of his patients who suffered from locomotor ataxia. He told us that nothing had relieved the lightning pains so well as antikamnia, which at that time was practically unknown in England. We have since used it repeatedly for the purpose of removing pain, with most satisfactory results. The average dose is only five grains, which may be repeated without fear of unpleasant symptoms."

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IT IS acceptable to those patients in whom the plain Cod Liver Oil is indicated, but to whom it is nauseating, and by whom it cannot be borne.

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3rd. BECAUSE it will not digest.
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1st. BECAUSE it has no fishy odor, and does not nauseate.
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5th. BECAUSE it has the fattening and nutritive properties of the Plain Oil.

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